# Erpingham Rural District Council.

## ANNUAL XO.

## IN REPORT

OF THE

## Medical Officer of Health

FOR

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Rounce & Wortley, "Reliance" Printing Works, Holt;
and at Cromer and Sheringham.



### ERPINGHAM RURAL DISTRICT COUNCIL.

## ... Annual Report...

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### Medical Officer of Health.

FOR 1914.

Gentlemen,

I have the honour to submit to you my annual report for the year ending December 31st, 1914.

The annual report of a Medical Officer of Health is required by a Local Government Board Order which defines its scope and intent; it is intended for the use of the Local Government Board, County Council, and others whom it may concern, and for this reason it is necessary to include information each year with which members of the Rural District Council and local residents are familiar.

The Annual Report is a summary of those influences which affect or threaten to affect the health of the Rural District, and of the manner in which those influences are being provided against, with suggestions as to any line of action it may be necessary to advise in the future.

#### The Year 1914.

During the early months of the year 1914, events in the district pursued an uneventful and normal course, the searide season promised to be exceptionally good, following a period of good trade in the country and a hot summer, visitors in abundance had flocked to the coast villages, and upon the outbreak of war, a period of exceptional prosperity was in view.

Within a fortnight of the declaration of war, a change came over the district with dramatic suddenness. Visitors at once ceased to arrive, others caucelled their contracts for rooms and lodgings, those that had arrived began to get uneasy and curtailed their stay. Those that stayed spent money less freely.

Very shortly the aspect of the villages in the district was completely changed from its usual peaceful condition, and bore the appearance of an armed camp. At first a scattering of Territorials arrived in the district and were put into billets, and thereupon began new duties for the Sanitary Staff, namely the inspection of billets, water supply, sanitary arrangements, and cooking accommodation for the troops. This was made obligatory upon the Sanitary Authority by a Local Government Board circular, called forth by a War Office letter.

Later a Mounted Division, several batteries of Artillery, and parts of two battalions of Infantry, were drafted into the district; many villages had from 50 to 150 soldiers or more in billets by the middle of November, and the change in the district was complete.

The villages where troops were billeted were Holt, Beeston, Upper Sheringham, Weybourne, Cley, Bodham, Beckham, Gresham, Barningham, Hempstead, Kelling, Letheringsett, Thornage, Northrepps, East and West Runton, Gimmingham Mundesley, Overstrand, Sidestrand, Trimmingham and Trunch.

In the large villages and wherever possible, billets were obtained by hiring large public rooms; when accommodation of this kind was insufficient, as was generally the case, the men were put in houses, cottages and in some cases, barns, and other outhouses, but generally speaking the latter were only used temporarily as billets.

The advent of the troops threw a great deal of extra work upon the Sanitary Staff. In the Local Government Board circular, orders were given that the Medical Officer of Health and the Military Medical Officer should co-operate and assist one another in:—

(1) the prevention of the spread of infectious disease,

(2) inspection of billets, water supplies, sanitary conveni-

ences, and cooking facilities.

(3) generally combating any condition which might adversely affect the health either of the troops, or the inhabitants of the district.

That part of the Army which was in occupation of the Erpingham Rural District had, as part of its organization, a most thorough and highly developed system for prevention of disease among the troops, staffed by many well-known and highly-skilled medical men.

It was impressive to realize how complete in every detail were the precautions taken, and how prompt and thorough were the methods for dealing with any Public Health emergency that might arise in order to protect the health of the troops.

The Staff included two Local Government Board Inspectors, the Medical Officer for a large County, and several Surgeons with either London or provincial reputations.

The work consisted in getting into touch with the Medical Officer of Units, innumerable interviews with the same explaining local resources and conditions, correspondence and inspections, both accompanied by the Military Medical Officers and without them.

In a number of cases disinfectants were supplied for blankets and clothing that had become verminous. A system of inter-notification of cases of infectious disease was developed between the Military and Sanitary Anthority.

Two families of residents in the Erpingham District were infected with scarlet fever by soldiers returning on sick furlough with sore throats from Colchester, where scarlet fever had been prevalent.

In neither case had the soldier clinical scarlet fever at the time. The case of the family infected at Bodham is interesting, in that the soldier member of the family, who returned on sick furlough with a septic sore throat, had had scarlet fever eight years ago; this I can vouch for, as I attended him at the time; there was no other ascertainable source of infection, and there had been no other case in Bodham for eleven months.

The first difficulty arising from the influx of soldiers into the rural villages was the deficiency of closet accommodation. Never too adequate for the normal population, a sudden increase of from 50 to 100 per cent. meant that more frequent emptying of pail closets or provision of extra accommodation was necessary.

The deficiency was met either by more frequent scavenging or by the provision of trench latrines for the soldiers.

There was no difficulty about a sufficient water supply, the heavy rainfall filled the wells before there was any shortage, and no case of disease was attributable to impure water. This was a matter of special concern to myself and the Military Medical Officers and had any such case arisen, e.g., a case of typhoid fever, we were fully prepared to take immediate steps to trace the source and remove the danger.

The Military were received cordially by the inhabitants and later warmly welcomed, partly because they were well behaved, cheerful young men, partly from patriotic motives in that the billets were paid for, and the soldiers spent money in the district.

The latter served to some extent to mitigate the effects of the ruined seaside season, the distress from which will be more apparent during the later months of the present year.

Owing to the extra work entailed by the arrival of the soldiers, the routine work of the district has to some extent had to suffer, e.g., house inspection; fortunately the emergency work, as regards infectious disease, has not been abnormal.

I think the arrival of the soldiers has had an educational effect upon the district which is not to be overlooked. The people have had an opportunity of seeing the British soldier and officer at work, of receiving him into their houses and of associating with him. I feel satisfied that the experience has not only been a healthy one, but an enjoyable and beneficial one.

I should like to take this opportunity of putting on record my high appreciation of the administrative abilities of Colonel Luce, Assistant Director Medical Services, 2nd Mounted Division, and of those Officers serving under him, with whom I have been brought into contact, and to thank him and them for the extreme courtesy with which their dealings have been marked.

#### Physical Characters and Geography.

The Erpingham Rural District is situated on the North coast of Norfolk. It is roughly oblong in shape, has an 18 mile seaboard, extending from Cley on the west, to Mundesley on the east, and it about 6 to 7 miles deep from North to South.

Its area is 62,218 acres. The population at the 1901 census was 16,118; at the 1911 census 17,137, an increase of 6.3 per cent.

#### Inhabitants and Occupations.

The inhabitants may be placed in two classes:—

- (a) Those living in the inland villages whose chief industry is agriculture;
- (b) Those living on the coast villages, who in addition to agriculture, earn a living by letting rooms to visitors during the summer months, and by fishing.

During the months of July, August and September, visitors in abundance resort to the coast villages between Mundesley and Cley; these villages are Gimingham, Trimingham, Sidestrand, Overstrand, East and West Runton, Weybourne, Kelling and Salthouse.

Breaking the continuity of the seaboard of the Erpingham Rural District, are the two little Urban districts of Cromer and Sheringham completely enclosed by, and formerly a part of the Rural District.

#### Geology.

The Chalk which forms the solid geology of Norfolk is here from 1,000 to 1,300 feet thick. It is overlaid by deep beds of Crag and Glacial Drift, the latter consisting of every kind of sedimentary, a detrital formation from chalk, mud, marl, loam, and sand, to gravel, and forming the surface soils of the district.

The two highest points in the County are in the district, 332 feet on the Runton-Aylmerton boundary, north-east of Aylmerton church, and 327 feet on the Beckham-Sheringham boundary near the "Gibbet."

The hills are capped with sand and gravel, and carry extensive heaths and woodlands, the woods have a large admixture of coniferous trees, and seldom extend beyond gravel.

Eastward of Botham and Matlaske, the lower ground has loam of good quality, except where blown sand and hill wash have yielded a sandy surface. Westward of that line, the lower grounds have a covering of boulder clay varying greatly in stiffness. The only exposures of chalk are along the coast and in the Glaven Valley. The Chalk is below sea level at Mundesley and Cromer, rising about 20 feet above the sea at Trimingham and Weybourne. At the foot of the downs, bordering the alluvium at Cley and Blakeney, it rises 15 feet above sea level. Chalk is exposed in the bottom of Glaven Valley from Letheringsett to Cley; the steeper slopes adding much to the boldness of the scenery.

The streams carrying the natural drainage are small; the Glaven mising at Bodham flows via Holt, Hunworth, Letheringsett and Cley to the sea at Blakeney Harbour.

The Ant and Bure have some of their gathering grounds in Briston, Edgefield, Barningham, Gresham and Antingham. Many small land springs issue from the cliff race on the coast; those cozing from the boulder clay are sometimes highly ferruginous and cover the cliff face and the vegetation a bright red tint.

Domestic water supplies are derived from two sources, in addition to rain water and open streams:

(1) The solid Chalk forms the great reservoir of Norfolk, and is reached by wells and borings, sometimes of considerable depth; the water is pure and may be in contact with lead pipes without fear of lead poisoning; it has an average hardness of 15 degrees (12 to 20 degrees is the range excluding extreme cases). At Cromer the Waterworks Company sank a well and boring 400 feet to secure an adequate supply. In the town of Holt, the chalk has yielded copious supplies at 150 feet, and the trial boring on the Spouts Common at 115 feet.



- (2) Over a great part of the Erpingham district, supplies are obtained from the "Drift" shallow wells being sunk till the spring is met. Owing to the contorted state of the strata, water is not held over large areas, and wells in close proximity vary greatly in depth. It is often highly charged with iron, and may be malodorous when derived from boulder clay from contact with iron pyrites.
- At Holt, there is a remarkable spring on the Spouts Common, which yields at all periods of the year, in both wet and dry seasons, a constant stream of very soft pure water. It is an ordinary land spring, fed by surface water percolating through soft permeable beds, until thrown out by the marl and clay beds beneath. The direction and extent of its sources have not been determined.

#### Water Supply.

The water supply of the district falls into two different classes.

#### A.—DEEP WELL WATER.

Holt and Mundesley-on-Sea are supplied by a good, sufficient and constant supply of deep well water, raised by pumping from their own deep wells in the chalk.

Overstrand, Sidestrand, East and West Runton, Felbrigge and part of Roughton, are similarly supplied by the Cromer Waterworks from the deep well in the chalk at Metton.

The Council have recently sunk a deep well and obtained an excellent and abundant supply at 270 feet at the site of the proposed Fever Hospital at Roughton Heath. A pump has been erected to raise the water, the quantity of which should be practically inexhaustable.

In the future it might well be utilized to supply parts of Roughton now supplied by shallow wells and the village of Northrepps.

Kelling is supplied by water laid on from a spring in the neighbouring hills.

#### SHALLOW WELLS.

In the case of almost every other village in the district, the water is derived from shallow wells in the Glacial Drift. The water therefrom varies according to the position of the well, the care taken in its construction, and the measures taken to protect the water from contamination; it is good, bad or indifferent, in direct ratio to the skill expended in selection of the site and construction of the well.

#### Drainage and Sewerage.

Holt is provided with a separate system of sewers. The sewage is treated by sedimentation and filtration through coke beds and land. Last year additional land to the extent of 5 acres was acquired. The effluent eventually finds its way into the River Glaven after percolation through the intervening soil.

Mundesley is provided with modern sewers and a water carriage

system of drainage practically throughout.

The Sewage is emptied into the North Sea from a containing tank about one hour after the turn of the tide.

Overstrand, and the Urban portions of Sidestrand are provided with modern sewers and a water carriage system of sewage disposal, the outfall being below ordinary low water mark in the North Sea.

The confined parts of East Runton are similarly provided. West Runton has been recently sewered almost throughout.

Sewage in this case is treated by a Septic tank before flowing into the North Sea.

The remaining villages in the district are provided for by either Pail Closets or Midden Privies as follows:—

Pail Closets in Briston (confined areas).

Cley-next-Sea.

Aldborough

Northrepps (almost entirely).

Trimingham (almost entirely).

Gimingham (large proportion).

The other villages have Pail Closets to the extent of about 40-50 per cent, where the cottages are closely situated.

Twelve years ago the closets of the rural villages were almost entirely Midden Privies which have been converted in Pail Closets during that time to the extent indicated above.

There were about 40 conversions from Midden to Pail Closets during the year. A number of these were made voluntarily by landlords, the rest upon notice being served upon the suggestion of your Officers.

#### Scavenging.

Holt, Mundesley, Overstrand and Sidestrand (in part) East and West Runton (in part), and Cley, are provided with Sanitary dust bins which are emptied by a Public Scavenger twice weekly in summer and weekly in winter.

In the rural villages sanitary dust bins prevail to a variable extent, and are emptied by private arrangement in accordance with the facilities at hand.

Efforts are made, not unsuccessfully, to induce landlords to replace the old large leaky dust bins with those of modern type.

Satisfactory progress has been made in this direction during the year.

#### Housing of the Working Classes.

There is a scarcity of Cottages, particularly with 3 bedrooms in almost every village in the district.

At Briston 6 Council Cottages are in occupation, but the row of hovels condemned as unfit for habitation are still occupied.

At Edgefield 6 Council Cottages are in occupation and a great deal has been done as regards the closing or repairing of the worst cottages in the village.

At Baconsthorpe 4 Council cottages are completed and in occupation, 4 cottages were re-constructed with 3 bedrooms last year.

At West Beckham 2 Council Cottages have been erected and are in occupation.

#### Villages Inspected.

Metton has been inspected during the year. There are 21 dwellings, 5 are unfit for habitation but reparable, 6 are overcrowded.

Aylmerton consists of 62 dwellings, 2 were recommended for closure, 7 were unfit but reparable, 3 were overcrowded.

Sustead consists of 34 awellings, 2 were found to be unfit for habitation but reparable, 1 was overcrowded.

Barningham Norwood consists of 10 dwellings, 3 were unfit for habitation but were reparable.

Salthouse has 60 dwellings, 8 were recommended for closure, 12 were unfit for habitation but were reparable 4 were over-crowded. Two of the above cottages have been reconstructed.

Kelling has 80 dwellings, 13 were recommended for closure, 12 unfit for habitation but were reparable, 4 were overcrowded. Six of the above cottages have been reconstructed.

Holt, 152 dwellings have been inspected, the full result of the inspection will appear next year when concluded.

Overstrand has 154 dwellings of which 2 were recommended for closure.

At Weybourne 2 new cottages have been built by private enterprise. This village has not yet been inspected.

Salthouse and Kelling.—An enquiry as regards Salthouse and Kelling resulted in the decision to improve the quality of existing cottages, rather than to erect new cottages, as the population is nearly stationary.

### Report of the Kelling and Salthouse Housing Committee—Submitted July, 1914.

The normal population of the two parishes is almost stationary, and there does does not appear to be any necessity of increasing the present number of dwellings although an improvemnt in the quality of the housing accommodation is badly needed. Only two applications were received for new Cottages, and these were made

by two householders tentatively, lest their landlords should fail to put their houses into habitable repair. In a few cases it would be advantageous if a couple of adjacent small dwellings of the widow's cottage type were converted into one, so as to be available for a family of average size, but this would necessitate the building of an equal number of new Cottages to accommodate the displaced tenants.

As the result of the interviews with various cottage owners, or Owners' representatives, your Committee are hopeful that the extensive repairs needed to many of the Cottages may shortly be carried out.

Your Committee recommend that the Inspector be required to report in three months the number of cottages at present unfit for habitation, that have in that period been satisfactorily repaired; also the number that are then unfit, in order that the Council may consider what further action, if any, is needed on their part.

#### Overstrand.

The following is a portion of the report of the Housing Committee:—

"Whereas five applicants signed the request to the District Council, no less than eleven applications for the provision of new cottages were made at the Public enquiry, and it is understood that a few others may be received when a housing scheme assumes definite shape. Of the eleven who applied, eight offered to pay an economic rent, expecting this would be about 4s. a week as in the case of Briston. One of the other applicants lives in a cottage that has for years been condemned as totally unfit for habitation.

Four cottages in Overstrand at the present time are occupied by two families each, and owing to insufficiency of cubic space, three of them are overcrowded. Three applicants said they had lived in lodgings all their married lives, the longest for about 18 years.

One applicant is at present living 6 miles away from his work in Overstrand, another 5, and another 3 miles distant.

The Parish contains 47 cottages below the rate compounding limit of value (£10 gross rental). Twenty of them have only 2 bedrooms.

One of the principal landowners recently disposed of his four remaining cottages in Overstrand. It is reported that the rents of those cottages will be trebled from next Michaelmas.

Your Committee are convinced that a real need for better and increased housing accommodation for the working classes exists in Overstrand, and they suggest that the District Council should ask

Lady Battersea and Sir Edgar Speyer to provide extra dwelling houses before the end of the year for their employees. In the event of their being willing to do this, the number of cottages which your Committee recommend the District Council to provide in the first instance is six, but if otherwise the number should be increased.

To obtain a suitable site for cottage building at a reasonable price, may be somewhat difficult in a favoured seaside place such as Overstrand, but your Committee are hopeful that it may be accomplished without necessitating another resort to the powers of compulsory purchase. Overstrand is quite an exceptional village, and your Committee are assured that the District Council, while discharging its duty under the Housing Acts, will have regard to the amenities of the place, and not erect buildings in such a manner as to may the landscape or be a detriment to the place.

#### Supervised Premises.

#### SLAUGHTER HOUSES.

There are 27 registered Slaughter Houses in the District. They have all been visited during the year and are generally in a satisfactory and clean condition.

The meat which I have inspected is of good quality and well fed. I do not think, from what I have observed, that much, if any, inferior or diseased meat is killed in the district.

Bye-laws are adopted and enforced.

#### DAIRIES, COWSHEDS AND MILKSHOPS.

There are 155 premises registered under the Order. These have nearly all been visited during the year.

Generally they were found to be in reasonably good order.

The milk supply is good, and no trace of disease has been traced thereto.

#### LODGING HOUSES.

There is no Common Lodging House in the District.

#### Offensive Trades.

There are three Knackers' Yards in the District, at Aylmerton, Kelling and Briston

They are all satisfactorily situated and conducted, so that a minimum of nuisance is caused thereby.

#### Factories and Workships.

There are 114 Factories and Workshops in the District.

They are visited as occasion offers, and at once upon complaint and any unsanitary defect remedied.

They are generally found to be in a reasonably good sanitary condition.

One workship in Holt should be supplied with additional lavatory accommodation.

#### Sanitary Inspections of District.

See Sanitary Inspector's Report.

#### Sanitary Administration of the District.

The Staff is composed of a Medical Officer of Health and one Sanitary Inspector.

Upon receipt of a Notification, a form is at once sent to the Sanitary Inspector, who visits the house and makes preliminary enquiries. If these are not satisfactory, or if there is reason to believe the case was contracted at school, I visit the Schools and examine the registers and inspect the scholars with the view of determining the source of the infection.

Disinfectants are supplied, and to save carrying about the large district, are purchased from the local chemists. In cases of emergency, doctors are allowed to order direct from the chemists.

Supervised premises are visited as opportunity offers, and at once upon complaint.

#### Isolation Hospital.

Last year I reported that a site having been leased for the erection of an emergency Isolation Hospital at Roughton, on the Northrepps border, a well has been sunk upon the site, and a good and abundant supply of water obtained in the chalk at about 270 feet.

A meeting with delegates from the Sheringham Urban District Council was arranged, with the view of making it a joint Hospital to serve both districts. Terms were discussed, the site visited by the two Committees and a local Government Board Inspector, Dr. Manby, a loan was sanctioned for the further buildings required and a disinfector. It was tentatively decided if Sheringham joined the scheme, to erect two pavilions of four beds each, and the plans were approved by the Local Government Board.

At this point a hitch in the negotiations occurred in respect of the proportion of the cost that was to be borne by each Council.

As matters stand at present, a contract for one pavilion of four beds has been accepted and is in hand. It will be completed before the season.

The Erpingham Council asked that the cost should be borne in the proportion of 4/9ths Sheringham to 5/9ths Erpingham.

The Sheringham Council offered to contribute in the proportion of 7/17ths to Erpingham's 10/17ths.

#### Bacteriological Examinations.

Swabs from throats of suspected cases of Diphtheria and sputa for Tubercle Bacilli are bacteriologically examined by the Clinical Research Association and paid for by the Council.

Medical men are encouraged to have examined the Sputa of suspected cases of Phthis.s, whether or not living in the same house as a person notified as suffering from Tuberculosis.

Arangements have been made with chemists for the district to stock Anti-toxin, which is to be issued on demand to doctors for use in necessitous cases, and paid for by the Council. Forty-six Bacteriological examinations were made during the year.

#### Prevalence and Control over Infectious Diseases.

Ouring the year 1914 there were 109 cases notified of infectious disease, 70 of Scarlet Fever (30 in 1913), 11 of Diphtheria (29 in 1913), 7 of Erysipelas (4 in 1913), 1 of Typhoid Fever in a Visitor (none in 1913), no case of Puerperal Fever (2 in 1913), 20 cases of Tuberculosis, including 16 cases of Pulmonary Tuberculosis and 4 of other forms of Tuberculosis (17 Pulmonary Tuberculosis and 8 of other forms in 1913).

Diphtheria.—Eleven cases of Diphtheria during the year 1914, against 29 cases in 1913, is a great improvement.

Four of the cases occurred in Briston, 3 in one family and the fourth contracted therefrom.

Two cases occurred in the Workhouse in Beckham, and were probably due to a carrier with a discharging ear.

Two cases occurred in Sidestrand, both were contracted in Norwich, where there had been an epidemic.

Holt was singularly free from Diphtheria.

There is in the Holt School, one girl, whom I believe to be a Diphtheria carrier; she has a deformity of the nose and lip; on three occasions when I have swabbed her throat, the Diphtheria baccillus has been present.

Searlet Fever.—Scarlet Fever has increased in incidence, chiefly through an epidemic in the villages of Hempstead and Baconsthorpe where there were 23 cases.

I visited the school upon three occasions, and upon each occasion found 2 or 3 children either peeling or showing signs of having had wild Scarlet Fever recently. In spite of numerous exclusions, the epidemic did not cease until the later months of the year. In my opinion a large number of children had a very mild form of Scarlet Fever, and escaped being seen by a Doctor, and therefore notification. The initial symptom of sickness is often put down to a bilious attack and no inspection of the skin made. Often the sore throat is not sufficiently painful for the child to lay stress upon it, the Doctor is not summoned and the child returns to school in an infectious condition.

I do not see how a widespread epidemic of Scarlet Fever is to be dealt with except by closure of the schools. The alternative is to exclude for the symptoms of sickness and sore throat, and to examine for peeling at the end of three or four weeks before re-admission, a procedure entailing a great deal of work in a rural district.

Holt had 14 cases of Scarlet Fever distributed over the year without anything approaching an epidemic. I visited the schools upon three occasions and inspected the children, without being able to find anything beyond the Diphtheria carrier to throw light upon the cases. In two cases the disease was imported by a soldier returning to his family with a sore throat.

Briston had eight cases of Scarlet Fever, five due to a child with scarletinal car trouble, imported into the district by a woman looking after a confinement case.

The other 25 cases of Scarlet Fever were distributed over the district during the year among the well to do and poor alike. Several cases were undoubtedly contracted in Norwich where there had been an epidemic, the cases did not trend to spread and were unusually mild in type. No death occurred therefrom.

#### Non-notifiable Infectious Diseases.

The School Medical Officer has organised a scheme, under which the School Teachers notify the Medical Officer of Health of every case of Whooping Cough, Measles, Chicken-pox, Mumps, Ringworm, that comes to their notice.

On the outbreak of any disease by Measles, a study of the register enables the School Medical Officer to estimate the likelihood of an epidemic and to close the School, or exclude scholars as appears expedient.

This system is worthy of wide notice.

There has been no undue prevalence of non-notifiable disease during the year.

#### Tuberculosis.

There were 16 cases of Pulmonary Tuberculosis and 4 of other forms of Tuberculosis notified. There were 3 deaths from Pulmonary Tuberculosis and 4 other forms of Tuberculosis during 1914.

On receipt of a notification, a circular is forwarded to the patient, parent, or Doctor in attendance setting forth the manner of life that should be lived with hints as to diet, and instructions as to precautions necessary to prevent the spread of the disease to others.

A domiciliary visit is made as soon as possible, when the importance of the main principles necessary to cure the disease, and to prevent its spread, is emphasised.

As regards the latter, assistance is offered in the shape of disinfection and disinfectants.

For insured persons, Sanatorium benefit in the district, takes the form of treatment in the Kelling Sanatorium for suitable cases, or of domiciliary treatment for advanced cases, which means relief in shape of milk and eggs.

In a purely rural district the problem is naturally not nearly so pressing as in confined districts.

The healthy occupations, fine air and abundant sunshine, in fact the natural advantages of the district, tend to reduce the incidence of Tuberculosis of all kinds.

The main obligation upon the Sanitary Authority at the present time is to prevent the spread of the disease by infection from one to another through overconviding in insanitary cottages, by insisting upon alterations and repairs, and by illustrating their views as to what is to be considered a good cottage, by building a few cottages in each village as time goes on.

For the rest, education in the disease, as attempted by the pamphlet referred to above, will do something.

Any thinking person who will read the circular and act upon the advice given, will assist its dual purpose to benefit himself and help us to check the dissemination of his complaint.

Whenever possible, disinfection is carried out after a death from Tuberculosis.

Enquiry is made as to the health of other inhabitants of the house, with the view of getting hold of early and unrecognised cases. Subsequent visits and inquiries are made as opportunity offers.

Bacteriological examinations are paid for by the Council.

Medical men are encouraged to avail themselves of this facility.

No arrangement has so far been made to make use of the Tuberculosis Officer, beyond the arrangement made by the Insurance Committee which covers the majority of cases.

#### Disinfection after Infectious Disease.

The following "Notice to Parents and Friends" is issued to all cases of Infectious Disease: -

Disinfection is necessary and compulsory after recovery from all infectious diseases, particularly Small-pox, Scarlet Fever, Diphtheria, Typhoid Fever, and Tuberculosis or Consumption.

The object of disinfection is to kill the germs which cause the disease; these germs breed in the throat in Scarlet Fever and Diphtheria, are always present in any discharge from the ear or nose in these diseases, and are generally present in sore places occurring upon the face or body after the disease is apparently over.

In Consumption the germs breed in the lungs, and are present in the sputum, and in the discharge from sores such as abscesses and suppurating glands in the neck, back, groin, and joints.

These germs are conveyed from the sick to the bedding, clothing, walls of the sick-room, to the hands and clothing of persons waiting upon the sick, and from these to others coming into contact with them.

After recovery of a sick person from Infectious Disease (recovery means that there is no discharge from the ears, nose, or ears, and no sores upon the body), the following method of disinfection should be employed:—

- 1. The patient should be washed all over the body, including the head, with soap and hot water, in which Lysol, Izal, or Jeyes' Fluid has been mixed in the proportion of one tablespoonful to one gallon of water. He should then be dried with a clean towel, and without touching anything in the sick-room, be removed naked to another room, and clothed in clean clothes, that have not been in the sick-room or which have been washed since removal therefrom.
- 2. As much as possible of the old bedding and clothing and all books and toys that have been in use in the sick-room should be burnt.
- 3. The clothing and bedding, except mattress, should be soaked in a solution of disinfectant, four tablespoonfuls to one gallon of water, for six hours, and then washed in the ordinary way.

- 4. Clothing and bedding that cannot be soaked, such as carpets, mattresses, etc., should then be hung out upon lines stretched across the room.
- 5. The Sanitary Inspector will then disinfect the rooms and spray the walls, floor, and ceiling with sulphur or formalin. The room, doors, and windows must be sealed up for 24 hours if possible.
- 6. After opening the door and windows, the room must be thoroughly spring-cleaned, with disinfectant upon damp cloths and soap and water, the wallpaper removed, ceiling whitewashed, walls distempered or repapered.

The mattress and bedding and all other articles of clothing should be put out in the open air and sunlight for several fine days to allow the sun and air to complete the disinfection.

#### Investigation of Other Diseases.

There has been no undue prevalence of Rickets, of Acute Rheumatism, of Diarrhœa and Enteritis, or of Pneumonia in the district.

Syphillis is rarely met with except as an importation.

Gonorrhea and Gonorrheal Diseases are infrequent.

No outbreak of Food Poisoning has been brought to my notice.

#### Means of Preventing Mortality in Childbirth and in Infancy.

The Midwives' Act of 1902 is administered by the County Council.

The Notification of Births Act, 1907, is not adopted.

No case of Ophthalmia Neonatorum has been notified.

The Infant Mortality rate calls for no special notice. There were 347 births, and 28 deaths under 1 year, during 1914. The Infant Mortality rate is, therefore, 80.00 deaths per 1,000 children born; the rate last year was 79.55. Of the 28 deaths, 11 were due to influences acting prior to birth and 4 to Pneumonia.

There was no death from Diarrhoa and Enteritis or Rickets.

Tables of Vital Statistics are appended.

I am, Gentlemen,

Your obedient Servant,

J. E. LINNELL,

M.B. (Cantab), D.P.H. (Lond).

TABLE I.

Vital Statistics of Whole District during 1914 and previous Years,

TOTAL DEATHS   TRANSFERABLE   NETT											
Popu-	NG TO	Ages.	Rate.	ಕ್ಷಾ	10.31	11.18	11.87	11.62	12.11	10.21	
Popu-	BELONGI STRICT.	At all	Number	12	186	204	204	200	209	183	
Popu-	DEATHS THE DI	Year of se.		Births.	81.15	85.49	92.62	94.85	79.55	00.08	60,700 16,389 17,137
Popu-	NETT Under 1 Ag			10	31	33	33	35	30	87	
Popu-	ERABLE THS.	of Residents	not registered in the District.	. 6		•	9	6	12	15	er)
Popu- lation	TRANSF DEA			$\infty$		63	9	70	9	2	
Popu-lation estimat-ed to Middle Uncor-of each Number. Number. Rate. Rate. Rass 382 382 31.15 17200 369 369 369 20.07 17400 347 350 20.11 Area of District in action at 1901 Cerestimation at 1901 Cerestimatic Area of District in acceptance of the control of th	DEATHS CRED IN STRICT.		Rate.	~	13.52	11.29	11.87	11.39	11.77	10.05	d and in
Popu- lation   Sirrest     Popu- lation   Stimate	TOTAL REGISTI THE DI		Number.	9	187	206	504	196	203	175	eres (langus
Popullation estimated to Middle Un of each regard. Num year. Num 18236 3 17250 3 17250 3		ett.	Rate.	ಬ	21.15	21.16	20.02	21.45	21.93	20.11	
Popullation estimated to Middle Un of each regard. Num year. Num 18236 3 17250 3 17250 3	BIRTHS.	Net	Number.	4	382	386	349	369	378	350	of Distr
Popullation estimated to Middle of each year.  18031 18236 17185 17250 17250		• -	Uncor- re cted Number.	ಣ	383	386	349	369	376	347	Area Popu
Year. 1909 1910 1911 1913 1913	Ропп-	lation estimated to		£.	18031	18236	17185	17200	17250	17400	
				-	1908	1910	1911	1912	1913	1914	

Cases of Infectious Disease notified during the Year 1914.

ach trd)		Total	re- moved to hos- pital.	hanaginga (Kamanina di Anada) pilipilipilipilipilipilipilipilipilipil			Nil.			
notified in each Parish or Ward)			other vill- rages. t	9	2	25		12	ಣ	54
s notifi	Jases notified y (e.g. Parish or of the District.  Hem- 48  ris- pstead oth con. Ba- vil thorpe				0	23				23
ll Case	Total Cases notified in each of the District.  Hem- Bris- pstead other reservable.  Holt. ton. Ba- cons- thorpe thorpe			4		$\infty$		$\vdash$		14
Tota Loca				-		14		ಣ		18
D.			65 and up- wards		63			<del></del>		೯೦
CASES NOTIFIED. Ages-Years.			45 and under 65 yrs.		G)	63		33	-	∞,
S NO	·Years.		25 and under 45 yrs.	2		4	Y-4	9	- 3	14
	OF At		5 and 15 and 25 and 45 and 65 and under under under under up-15 yrs. 25 yrs. 45 yrs. 65 yrs. wards	ന	p-rid	$\infty$		4	જ	∞ γ==
R OF			5 and under 15 yrs.	ಞ	+-1	44		63	H	51
NUMBER			l and under 5 yrs.	ಣ		12				10
N	ENTERIOR DE		Ages.	<del>-</del>	2~	0.2		16	4	109
	NOTIFIED DISEASE.		Diphtheria (including Membranous croup)	Erysipelas	Scarlet Fever	Enteric Fever	Pulmonary Tuberculosis	Other forms of Tuberculosis	Totals	

Causes of, and Ages at, Death during the Year 1914. TABLE III.

Total Deaths whether of	Residents or "Non-Residents" in Institutions in the District. (b).		10 H	12
ts".	65 and up- wards	90	H 55 10 65 11 80 65 11	93
"Residents district. (a)	15 and 25 and 45 and 65 and under under under up-	3.1	4- 60 60 4 4-	31
of "I	25 and under 45 yrs.	17	<u>10</u> m m m m m m m m m m m m m m m m m m m	17
Nett Deaths at the sub-joined ages of whether occurring within or without the	15 and under 25 yrs.	7	4 ~	<u>~</u>
sub-joined	5 and under 15 yrs.	8		ಣ
the su	2 and under 5 yrs.		<del>, - 1</del>	
ths at	1 and under 2 yrs.	e	peri peri	ಣ
t Deaths ether occu	Under Lyear.	28		38
Nett whet	All Ages.	180		183
	CAUSES OF DEATH.	All Causes ( Certified	Measles Influenza Influenza Phthisis (Pulmonary Tuberculosis) Tuberculosis Meningitis Other Tuberculous Diseases Cancer, malignant disease Bronchitis Pneumonia (all forms) Organs Enteritis and Diarrhœa Alcoholism Nephritis and Bright's Disease Congenital Debility and Malformation Violent Deaths (excluding Suicide) Suicide Other Defined Diseases Other Defined Diseases	Total

TABLE IV.

INFANT MORTALITY.

1914. Nett Deaths from stated causes at various ages under 1 year of age.

All Causes { Uncertified 9	CAUSES OF DEATH.	Under 1 week.	1-2 weeks.	2-3 weeks.	Total under 4 weeks.	4 weeks and under 3 months.	3 mths. and under 6 months.	6 mths. and under 9 months.	9 mths and under 12 months.	Total Deaths under 1 year.
3			1	ಣ	13	9	ଟଡ	ಣ	e:	28
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Tuberculous Meningitis					distribution of the state of th				
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Other Tuberculous Diseases									
3	:					<del>,</del> .				
3	Pneumonia (all forms)									7
2 1 3 13 6 3 3 3 3 13	Bronchitis									
2 1 3 1 4 1 1 6 6 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	:									
3     1       3     1       3     1       4     1       3     13       6     3       3     3       3     3       3     3										
3 13 6 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		63			ಣ					ಣ
3 1 4 2 2 3 1 1 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	:		4	<del></del> -	4				<del></del>	ಬ
3 9 1 3 13 6 3 3 3	Congenital Malformation					-				<del></del> i
3 1 4 4 8 3 3 3 3 8 8 8 8 8 8 8 8 8 8 8 8 8	Atrophy, Debility & Marasmus					ଚୀ	જર		<del></del>	20
9 1 3 13 6 3 3	:			-	4					. 4
	Totals	6		3	13	9	3	3	3	88

This Table is enclosed, by request of the Secretary of State, for the guidance and convenience of Medical Officers of Health in preparing that part of their Annual Report which relates to Factories, Workshops, Workplaces, and Housework. It is not intended to supersede the fuller statement which is desirable in the text of the Report, but to provide for uniformity in the presentation of such particulars as lend themselves to statistical treatment.

## ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH For the Year 1914, FOR THE GENERAL DISTRICT OF ERPINGHAM

on the administration of the Factory and Workshop Act, 1901, in connection with

#### Factories, Workshops, Workplaces, and Homework,

1.—Inspection of Factories, Workshops & Workplaces.

Including Inspections by Sanitary Inspectors or Inspectors of Nuisances.

	1	Number o	of
Premises.		Written Notices. 3.	
FACTORIES Including Factory Laundries. WORKSHOPS Including Workshop Laundries. WORKPLACES Other than Outworkers' premises included in part 3 of this Report.	114	3	Nil.
Total	114	3	

### 2.—Defects found in Factories, Workshops and Workplaces.

Particulars.	Number of defects.				
	Found.	Remedied.			
Nuisances under the Public Health Acts: Want of cleanliness	3	3			
TOTAL	3	3			

### Housing and Town Planning Acts.

The following Parishes in the District have been inspected during the year 1914 and Reports presented to the Council:—

Parish			Dwellings.			anded sure. I		Ov	ercro <b>w</b> ded.
Aylmerton	• • •	• • •	62		2	* * *	7	• • •	3
Metton			21	* * *	Principal Annie (Paliti	* * *	5		6
Sustead			34		7		2	• • •	1
Barningham	North	• • •	10			* * *	3		Manager App
Kelling			80		13		12		4
Salthouse	* * *	• • •	60	* * *	8		23		2
Overstrand		• • •	154	* * *	2	* • •	**************************************	• • •	3
Holt	• • •		152 but	t not	yet	comp	leted.		

Re-inspection of Parishes and portions of other Parishes are constantly being made and Notices re 185 dwellings re repairs, water supply, etc., have seen sent to Owners.

#### REPORT

OF THE

## Inspector of Nuisances For the Year 1914.

Population -17,400.

Complaints received—4.

Nuisances detected without complaint—220.

Nuisances abated—174.

Notices served—193.

Summonses taken out—Nil.

Convictions-Nil.

Cottages inspected—573.

Lodging-houses inspected—None in District.

Slaughter-houses inspected—27.

Bakehouses inspected—20.

Dairies and Milkshops inspected—8.

Cowsheds—147.

Workshops inspected-114.

Filthy Houses cleaned (Sec. 46 P.H.) -2.

Houses disinfected—57.

Overcrowding abated—3.

Houses placed in habitable repair—Several.

Houses closed—None.

Houses erected or rebuilt for which Water Certificates sought—20.

Certificates granted—20.

Certificates deferred—None.

Wells sunk or improved supplies of water—18.

Wells cleansed or repaired—3.

Wells closed—Nil.

Houses connected with sewers—9.

Houses connected with water mains-15.

Earth, Pail, or Improved Privies constructed or existing Privies altered—17.

Privies and w.c.'s repaired—32.

W.C.'s supplied with water—15.

Cisterns cleaned, repaired, or covered-Nil.

Animals improperly kept removed -- 2.

Samples of water taken for analysis—4.

Compensation paid for destruction of infected bedding—£2 12s. 6d.

Seizure of unsound meat-Nil,

